


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90072 026 \*\*\*150.00

<b>DOCUMENT # 853846</b> 1. Entity Name <b>INSTITUTIONAL CONCEPTS, INC.</b>					
Principal Place of Business <b>1000 CHESTERBROOK BLVD BERWYN, PA 19312 US</b>			Mailing Address <b>P.O BOX 1717 VALLEY FORGE, PA 19482-1717 US</b>		
2. Principal Place of Business		3. Mailing Address <b>ONE NATIONWIDE PLAZA</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>ATTN: ROGER CRAIG 1-35-16</b>			
City & State		City & State <b>COLUMBUS, OH</b>		4. FEI Number <b>23-2199888</b>	
Zip		Zip <b>43215</b>		Country <b>US</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DP</b> <b>MCMAHAN, GARY D</b> <input checked="" type="checkbox"/> Delete <b>1000 CHESTER BROOK ROAD</b> <b>BERWYN, PA 19312</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>R. CLAY THOMPSON</b> <b>ONE NATIONWIDE PLAZA</b> <b>COLUMBUS, OH 43215</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SVP</b> <input type="checkbox"/> Delete <b>BENSON, JAMES D</b> <b>1000 CHESTER BROOK ROAD</b> <b>BERWYN, PA 19312</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SVP / AT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SVD</b> <input checked="" type="checkbox"/> Delete <b>CUOZZO, PETER</b> <b>1000 CHESTERBROOK</b> <b>BERWYN, PA 193121181</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>PETER A. GOLATO</b> <b>ONE NATIONWIDE PLAZA</b> <b>COLUMBUS, OH 43215</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VDS</b> <input type="checkbox"/> Delete <b>BARNES, THOMAS</b> <b>1000 CHESTER BROOK ROAD</b> <b>BERWYN, PA 19312</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP / S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: _____</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

**3-9-2005 614,249.7111**

Date Daytime Phone #